



Teenage Alcohol & Tobacco Enforcement Program

Commonwealth of Kentucky
Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

(502) 564-4850 Telephone
(502) 564-8150 Fax

ARE YOU 15 to 20 AND INTERESTED IN BECOMING AN INVESTIGATIVE AIDE?

TEEN ALCOHOL AND TOBACCO ENFORCEMENT PROGRAM

15-17 years of age Tobacco Enforcement Program

☐

18-20 years of age Alcoholic Beverage Enforcement Program

☐

The Office of Alcoholic Beverage Control would like to introduce you to our Alcohol I.A. Program. This is a volunteer program providing students and young adults with a unique forum, to both participate with and review a career option in law enforcement.

The program is designed to reduce sales of alcoholic beverages and tobacco products to underage persons, which is the top priority of this office. Participating students and young adults are exposed to the full legal system, from the time the law is violated through the judicial or administrative hearing.

Volunteers that are accepted into the program as investigative aides, participate in the investigation by attempting to make controlled buys under the direct supervision and observance of ABC agents. Examples of these locations include package liquor stores, convenience stores, restaurants, bowling alleys, motels/hotels, etc. The volunteer I.A. does not mislead the employee or the retailer by misrepresenting his or her age, by producing false identification, or by any other misleading method. The investigative aide does not participate in an arrest, but does witness the process of securing and labeling evidence, report writing, inventory procedures and occasionally provides courtroom testimony. Volunteers, are not required to participate on any set schedule, but rather are called upon based on their availability and need arises.

The volunteer I.A. is paid an hourly wage, and the ABC adheres to all state child labor laws. To further ensure the safety and anonymity of the aides, agents will try to assign youths to routes across town from their schools and neighborhoods, or even to another nearby county. The volunteer I.A. will work with one or more ABC agents during investigations. In most cases the agent accompanies the teen when he or she enters the premises to attempt to purchase alcohol or tobacco products. The sale must be consummated. If a sale occurs, the I.A. leaves the premises. The agent, subsequently, reenters the premises to cite the seller. ABC retains any alcohol or tobacco products purchased as evidence.

Without the Investigative Aide Program, ABC could not properly ascertain the sale of alcohol or tobacco products to minors. Furthermore, the federal government, which mandates every state to conduct teen tobacco enforcement, asserts that the use of a minor in investigations is the most valid method to determine tobacco sales to teenagers. As such, the Investigative Aide Program plays a crucial role in ABC's overall teen alcohol and tobacco enforcement strategy in combating and reducing underage sales.

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PERSONAL HISTORY FORM

ATTACH PHOTO HERE

NAME _____

ADDRESS _____

ZIP CODE _____

COUNTY _____

DATE OF BIRTH _____ AGE _____

SOCIAL SECURITY NUMBER _____

HGT. _____ WGT. _____ HAIR _____ EYES _____

TELEPHONE (Home) _____ (Work) _____

(CELL) _____

Driver's license number and state issued: _____

Traffic violation history: _____

Occupation: _____

Business / school: _____

Address: _____

Vehicle information (make – model – year): _____

Have you ever been arrested or been given a citation or notice to appear in Court for violating a traffic or criminal law? ☐ Yes ☐ No

Have you ever used false identification? ☐ Yes ☐ No

I swear the above information is true and correct under the penalty of perjury.

Signature of Applicant for Investigative Aide _____ Date _____

Witnessed by _____ Date _____

ATTACH A COPY OF BIRTH CERTIFICATE**FOR ABC OFFICE USE ONLY**

Results of local record and driver's license check: _____

Date accepted into program: _____ Not accepted: _____

Reason not accepted: _____

Copy of Birth Certificate has been received: ☐ Yes ☐ No

**ABC FORM 800-B
REVISED 3-07**

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INVESTIGATIVE AIDE PROGRAM

AGREEMENT OF UNDERSTANDING

Tobacco Program ☐

Alcohol Program ☐

I, _____, _____ (year of age), select the (Tobacco Program ☐ or Alcohol Program ☐), agree to assist the Kentucky Office of Alcoholic Beverage Control in all investigations of tobacco or alcohol sales to underage persons. I understand these investigations may be conducted under state law or as an agent of the federal government. I affirm herein that no member of my immediate family owns any interest in any establishment licensed by the Office. My participation is voluntary, on an "as needed" basis, and is based upon my availability. I enter into this agreement voluntarily, and have not been intimidated, coerced to sign this agreement.

I hereby release the office, its agents and employees, from any liability for any injury I may suffer or sustain by reason of my participation in the program, acting outside the scope of my employment, or arising from my own negligent actions.

I agree to respond truthfully as to my legal age if asked by the retailer or its employee at any time during any of these investigations. I also agree that my attire and overall appearance will be such as to make me appear to be my true age.

I understand that I am not a law enforcement officer and will not represent myself in that manner at any time, and that I am not entitled to carry a firearm or a badge. I understand that participation in this program does not entitle me to any special privileges and that the following will be grounds for immediate termination from the program: any violation of law except while under the direction of the Office or its agents or employees; failure to abide by the terms of this agreement; failure to follow the instructions or procedures of this office; engaging in alcohol or tobacco use; or suffering any school related problems including attendance and grades.

I understand that I shall not engage in any tobacco or alcoholic beverage use while participating as an investigative aide with the Office. I understand that I am not to sample any tobacco or alcoholic beverage products purchased on behalf of the Office and shall promptly turn over any tobacco or alcohol evidence to the Office for evidentiary purposes. I understand that I may be required to testify in judicial or administrative enforcement proceedings on behalf of the Office of Alcoholic Beverage Control, the Commonwealth of Kentucky, or the FDA.

SIGNATURE OF INVESTIGATIVE AIDE

DATE

WITNESS

DATE

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PARENTAL PERMISSION AFFIDAVIT

I swear or affirm that I am the legal guardian of _____, whose date of birth is _____. I hereby give my consent for the minor to participate as an Investigative Aide with the Kentucky Office of Alcoholic Beverage Control in conduction state and federal tobacco compliance activities. I understand that participation in the Investigative Aide Program is voluntary and is not without some degree of risk. However, I agree to release the Office, its agents, and insurers from any liability arising from participation in this program resulting from or arising out of the minor's negligent acts.

I understand that all investigations will be conducted at the direction and under the supervision of the Office. Each purchase or attempted purchase of tobacco products will be under the supervision of no less than two adult employees of the Office. I fully understand and agree that the minor may be required to testify at judicial or administrative proceedings on behalf of the Office, the FDA, or the Commonwealth of Kentucky.

I understand that in conducting such investigations, the welfare of the Investigative Aide is the Office's primary concern. The procedures employed by the Office have been fully explained to me and I understand that my consent for the minor's participation may be withdrawn at any time by notifying the Office in writing.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

WITNESS

DATE

Frankfort's Original Copy

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Parent or Legal Guardian copy